

California Leafy Green Handler Advisory Board
Board member, Alternate and listed Committee Member Travel Expense Claim

Meeting(s) Attended Date(s) Location

To receive reimbursement for travel expenses incurred while attending the California Leafy Green Handler Advisory Board meeting(s) indicated above, please complete the information requested below. Sign the claim, attach the necessary receipts as indicated, and return to the Board office.

Means of travel

Amount of Expense

Personal car mileage _____ (round trip) @ \$.485 per mile _____
Personal car mileage will be reimbursed at the currently allowable IRS rate.

Rental car (\$75 per day maximum) Attach original receipt _____

Commercial airline (\$600 per day maximum) _____
Attach original airline passenger voucher.

Private or chartered aircraft _____
Up to 400 miles roundtrip is \$400 per person, over 400 miles round trip is \$600 per person
When transporting other Board members, attach a signed note stating the names of the passengers transported.

Hotel room and tax (\$150 per day maximum) _____
Attach the original hotel receipt.

Meals For each day of travel to attend the meeting(s), put check marks on the appropriate lines for meals that you paid for. If you paid for another member's meal, please indicate their name.

	Breakfast (\$10)	Lunch (\$15)	Dinner (\$30)
Date	_____	_____	_____
Date	_____	_____	_____

Meals total _____

Parking _____
Attach receipt for charges in excess of \$10

Airport taxi _____
Attach receipt for charges in excess of \$20

Tolls _____

Total of claim _____

Print Board member name Board member signature Date